



**Division of Developmental Disabilities (DDD)
District Central Independent Oversight Committee
(IOC) Public Meeting Minutes Summary**

Monday, July 24, 2023 – 10:00 AM to 12:00 PM

Call to Order

Meeting called to order by Committee Chairperson, **Linda Mecham**. The date is July 24, 2023, at 10:04am . **The meeting took place Virtually due to the desire of the committee to continue to meet only virtually.** No Physical location was requested to meet for this meeting.

Welcome and Introductions

Attendance Virtually:

- **Linda Mecham - Chairperson**
- **Mandy Harman**
- **Eva Hamant**
- **Carolyn Willmer (listed as Curiosity Carolyn)**

Attendance by Phone :

- **Debbie Stapley **22**
- **Lisa Ehlenberger **61**

Absent:

- **Tina Buettner (on Leave of Absence)**

Public in Attendance:

- **Chandler Coiner (JLBC)**

Health Plans:

- **Laurie Gantzmiller (UnitedHealthcare)**
- **Ian Wilson (United Healthcare)**
- **Vera Kramarchuk (Mercy Care)(attended by phone)-**17 - joined after introductions**

ADOA and AHCCCS:

- **Larry Allen -ADOA**
- **Fredreaka Graham- AHCCCS(attended by phone)-**98 - joined after introductions**

DDD:

- **Leah Gibbs (DDD Office of Individual and Family Affairs Administrator) joined after intro.**
- **Megan Taylor (DDD Chief Network Administrator)**
- **Megan Dougherty (DDD District Manager) joined after introductions.**
- **James Maio (DDD District Central Quality Improvement Manager)**
- **Michelle Rademacher (DDD Independent Oversight Committee Liaison)**
- **Brent Seymour (DDD Program Review Committee Administrator (PRC) & Licensed Behavior Analyst)**



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- **Patricia Sandino** (DDD Program Review Committee (PRC) Chair District Central)
-

DDD District Central IOC Meeting -Virtual meeting (2023-07-24 10:03 GMT-7) - Transcript

This editable transcript was computer generated and might contain errors. Liaison has edited some of the transcript for accuracy and ease of reading. Any blue italics transcription was missed by the transcriber but has been recorded.

Attendees

+1 480-***-**17, +1 520-***-**61, +1 602-***-**22, Brent Seymour, Chandler Coiner (JLBC), Curiosity Carolyn, Eva Hamant, Fredreaka Graham, Ian Wilson, James Maio, Laurie Gantermiller (UHCCP), Lawrence Allen, Lawrence Allen's Presentation, Leah Gibbs, Linda Mecham, Mandy Harman, Megan Dougherty, Megan Taylor, Michelle Rademacher, Patricia Sandino

Transcript

Call to Order

Linda Mecham: I hereby call to Order this regular meeting of the DES DDD Central Independent Oversight Committee meeting. Today's date is July 24th, 2023. And the time is 10:04 am This is a regular meeting of the IOC. It is being held electronically. This meeting is being recorded and the transcript of that recording will be posted on the ADOA IOC website. In an effort to avoid excess, background noise, and potential microphone feedback, please mute your microphone, when you're not speaking. The host of the meeting can mute you, but then, you can also unmute yourself when you would like to speak. You can mute yourself by clicking on the microphone icon at the bottom left of your screen or elsewhere depending on the platform.

Conflict of Interest Disclosure

Linda Mecham: Additionally, I've been asked to read the following statement. Do we have anyone that has to disclose a conflict of interest? And if so you must disclose why?



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Welcome and Introductions

Linda Mecham: Thank you. We will now have introductions of those present this morning. My name is Linda Mecham and I am the chair. Debbie.

+1 602-*-**22:** This is Debbie Stapley. I am a member of IOC.

Linda Mecham: And you're the vice chair.

+1 602-*-**22:** I forgot. I'm the vice chair.

Linda Mecham: Eva.

Eva Hamant: Eva Hamant, member of IOC

Linda Mecham: Lisa.

+1 520-*-**61:** Lisa Ellenberger, member of IOC.

Linda Mecham: Michelle, would you like to introduce everybody else?

Michelle Rademacher: Certainly. Megan Taylor.

Megan Taylor: Let me pop off there. Megan Taylor, Chief Network Administrator.

Michelle Rademacher: Thank you. James Mayo.

James Maio: James Mayo, District Central Quality Manager

Michelle Rademacher: Thank you. Patricia Sandino.

Patricia Sandino: Good morning. This is Patricia Sandino. The PRC chair from District Central.

Michelle Rademacher: Thank you. Brent Seymour

Brent Seymour: Good morning, everyone. This is Brent Seymour, PRC administrator for District Central, West and South and a licensed behavior analyst.

Michelle Rademacher: Thank you. Larry Allen.

Lawrence Allen: Good morning, Larry Allen with ADOA.

Michelle Rademacher: Ian Wilson.



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Ian Wilson: Hi Ian Wilson here veteran advocate and patient, excuse me, veteran liaison and patient advocate with United Healthcare.

Michelle Rademacher: Thank My name is Michelle Rademacher. I'm the Division of Developmental Disabilities, Independent, Oversight Committee liaison. And we had a couple more join. I see we've got

Michelle Rademacher: Laurie Gansmiller.

Laurie Gantermiller (UHCCP): Hi there. Laurie Gantermiller. Director of special programs with United Healthcare community plan.

Michelle Rademacher: Thank And Carolyn is there. Hello Carolyn Wilmer.

Curiosity Carolyn: This is Carolyn Wilmer. So, sorry, I'm a volunteer with the IOC.

Michelle Rademacher: You're just in time. Did I miss anybody?

Linda Mecham: You're fun.

Michelle Rademacher: Okay, Linda, you're good to go.

Call to Public

Linda Mecham: Okay, I extend a welcome to any member of the public attending this meeting of the DDD, IOC. You are invited to make a comment, if you wish, but your comments will be limited to three minutes, and there will not be a discussion following your comments.

Questions from Incident Reports

Linda Mecham: And clearly we do not have anyone from the public. So we'll move on to item number five. And this is for Eva and I'm going to try to stick to our time because we've got a pretty tight agenda. Today. So Eva, you had some questions regarding incident reports and I believe Megan's on to help us with that.

Eva Hamant: Yes, so when I read the neglect, It just seemed, I don't make it so I don't make the comments usually, on the substantiated ones, but I have noticed that what happens. There's a problem with enhanced ratio members, and when I look at the description, usually they're not in a day program, Monday through Friday and I'm having concerns that

00:05:00

Eva Hamant: That they're being socially isolated. And because of that, possibly lacking trauma, Increasing their trauma. I mean first of all, that they're in the group home, they're surrounded by two-to-one that have to be within arm's length, probably there's behavioral issues and I just wondered if all that is getting fueled because they don't go to a day program. And so I was looking at possibly finding out how many actually, Of



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these enhanced ratios are not allowed to go to the day programs. And what DD's doing about it. There, because group homes cannot be day programs.

Megan Taylor: So I appreciate the question. I hope I'm gonna answer it for you the best I can. So, the Division supports our members in the planning teams to establish a meaningful day for our members and that varies, right, by person to person, a meaningful day for one member may or may not include activities within the community or going to a day program. There may be other services that are assessed or more appropriate for them, maybe employment or other activities within the communities that are outside of the day program. We are really trying to make it member-centered and members specific.

Megan Taylor: For those members that are assessed to Day program, I looked at District Central. We currently have 32 members in District Central that have Day program assessed but are not yet authorized to a vendor. out of those 32, six of those members were actually looking, were needing an enhanced ratio. So it seems like it's not a majority. Whether or not the members in question that you're seeing on incident reports have been assessed for enhanced ratios, I can't speak to that because I didn't have that list to look at, but Again, I think it's gonna vary from member to member on what that looks like, Eva. Does that help?

Eva Hamant: So, the 32 People that are not at a day program and...

Megan Taylor: They've...

Eva Hamant: the six.

Megan Taylor: Yeah, they've been assessed day program. But they're not authorized yet to a qualified vendor to provide that day program In District Central.

Eva Hamant: Okay, and so six of them are enhanced ratios.

Megan Taylor: Yes, an enhanced ratio could be either, one to one, two to one, even a one to two ratio. Again. It just depends and also it's important to keep in mind too that just, enhanced ratio should be assessed varying the.

Megan Taylor: The environment the member's in. So just because a member is assessment enhanced ratio, maybe at their group home for different periods of times or situations, doesn't necessarily mean that they need enhanced ratio, right at a day program. So, Enhanced ratio should be assessed, varying the environment for each member and be very specific. Because to your point, it can be very restrictive.

Eva Hamant: so, I guess I'm concerned about those six members. What I mean, why weren't they authorized to go to the day program?

Megan Taylor: Well they are currently in the vendor call process. So that means that we've issued a vendor call and we're either and again we looked at starting day one so they're either in the vendor call process currently or we're doing direct referrals. And it really again is very member specific, typically the reasons why



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we might be taking a little bit longer to identify those programs. But we do look at that for all of our members.

Linda Mecham: She said that they were all authorized. They just have not been assigned yet. and...

Eva Hamant: It. Yeah.

Linda Mecham: so, yeah, I think that's your concern. That there's not an assignment made correct that they're not attending.

Eva Hamant: Or my. So the biggest problem is you haven't found them a day program, so I guess the next question would be, so, how long have they been waiting to find a day program that would take them?

Megan Taylor: Yeah, I didn't look at that member, that specific data for this meeting. Are you looking to correlate that to specific incident reports that you were referring to for a particular member?

00:10:00

Eva Hamant: I just was concerned, because when I read the neglect, and enhanced ratio and they call that potential danger now, when that's substantiated. And so I just was curious on how long, because I thought different people have been saying that if you had enhanced Ratio, the day programs weren't accessible accepting them and so I was just curious on how many, How long? Eyes, I mean, I had one 16 year old who

Eva Hamant: Was out of school and was in the group home during the day and I thought, Why isn't she in a day program, except that she's in a group home having a behavior. So that's why I was concerned. I mean, seemed like, These people with enhanced ratios in the group home, or sitting there doing nothing, but on their device, or having a behavior. And so, my concern is, that is not really a quality of life. in some ways. And, they're being socially isolated.

Megan Taylor: Yeah.

+1 520-*-**61:** And I think, This is Lisa and I agree with you completely and I think that I know what I had mentioned in the last meeting was that from day programs that it's not only the ratio.

Eva Hamant: because,

+1 520-*-**61:** It's a lack of staffing, a lack of employees that are qualified to work with members period. There's just a lack of employees. It's across the world right now.

Linda Mecham: That was the issue with Mark. They could not get him back in because they were using his one-to-one staff, they were using him on one to three or whatever so Mark couldn't go back either. But it's just a lack of staff. And that's what I've been hearing from providers. Let's move on to your other questions Eva, so that we can get through our meeting here. Is there anything else Megan with regards to those questions that Eva asked?



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Megan Taylor: I don't think so but if there is anything in particular that you're concerned about, I would definitely encourage you to raise that through Michelle. We want to make sure that we're addressing any concerns and providing you the information that we can. So

Linda Mecham: I think number three that Eva raised an interesting question with regards to them being socially isolated in the traumatization that could come from that.

Linda Mecham: Is that something that DDD's seen?

Eva Hamant: Actually I found it very interesting is because in the OIFA letter, Dr. Anthony Decker talked about strong Socialization are most important aspect of long-term happiness for most people. And it turns out the American Psychiatric Association issued a statement saying that social relationships are so important to mental health. And made fighting loneliness through social connection a public health priority. And so that's why the two of them we're sort of together. You have the people with the enhanced ratio You have people in the day program. I mean, in the group homes, rather

Eva Hamant: a day program that I perceive they're being socially isolated. I went to an autism thing and they were talking about, when you have Being socially isolated, it's very traumatic, It's another traumatic experience. We may not consider it a trauma for people.

Eva Hamant: Trauma is a feeling for the person that is experiencing it. And so, The presenter actually talked about the quality of life, when people is reduced, when people are socially isolated and it's interacting their mental health I mean, in these are the people that are being neglected

Eva Hamant: Because they don't have enhanced ratio, I don't read about the emergency measures, and that's also a trauma issue. And so when they're isolated and so I guess I'm asking Megan or Leah, what are you going to do about these people? That, I raised the issue with the medical group homes and you said, it's a personal choice but on the same token. Is it really a personal choice when their quality of life allows them to be socially isolated?

00:15:00

+1 520-*-**61:** I think.

Linda Mecham: Leah.

Leah Gibbs: Thank Linda. Eva first, I want to apologize that I was a few minutes late so I missed the beginning of your conversation with Megan but I was hearing, Megan give you some of those statistics. You need to know that the division is balancing what is in the best interest of members and what is in the best interest of their being. And that a day program is not necessarily the answer for everyone, that members have opportunities to do volunteer time in the community, have employment opportunities, have day opportunities and I don't want to speak for Megan, but I would say that if there is any particular member that you are aware of that, it's a specific individual. You can certainly elevate that up and we can certainly go



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back and support that team. No one in the division is saying we're in favor of social isolation of anyone ever. We are trying very hard to do what's right for people. That is based on their interests and what is important to them. And it's important that if you are aware of an individual situation, that you elevate that, so that we can absolutely see what we can do to try to support. Megan, I don't want to speak for you, but I'm hoping that what I am sharing is appropriate.

Megan Taylor: No, absolutely Leah and you articulated very well. I think that is what it comes down to, that there are other opportunities and we are trying to find that balance of member choice. We want to hear from our members on what they want to do during their days, what is a meaningful day to them and balancing that. I agree, Leah.

Social relationships for People in Group Homes

Eva Hamant: and basically,...

+1 520-***-**61: Definitely. ...

+1 520-***-**61: where would

Eva Hamant: I was basically looking at people...

Eva Hamant: who were not in a GS, they were not volunteering, they were in the group home Monday and I was keeping it Monday through Friday because I know on the weekend, they have more of an opportunity to go out or that's part of the agreements. But I guess what I was looking at was Monday through Friday, they weren't volunteering, they were sitting there watching television, doing their iPads, gaming and stuff because they had enhanced ratio and and we're not in a day program and...

Linda Mecham: Okay.

Eva Hamant: So it seemed like they were socially isolated. and so,

Linda Mecham: Thank you, Eva.

+1 520-***-**61: So Eva. Yep.

Linda Mecham: You have a comment Debbie or is that Lisa? Who's 61?

+1 520-***-**61: It would be Lisa.

+1 520-***-**61: Yeah it's me Lisa. Sorry I did have a question for DDD when you guys mentioned that we could contact you if we know of a specific individual, who should we email?

Linda Mecham: Okay.



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Leah Gibbs: You would do that up through Michelle because she is your contact.

+1 520-*-**61:** Perfect. Okay. Thank you.

Linda Mecham: And we also send it to Larry so that he knows we see, because we're ADOA. And we go Larry and DDD. That's how we need to do it so that Larry's aware of what's going on with us and what we're about. But let me just confirm what you and Leah and Megan have said. As I sit in PRC and read the plans

Linda Mecham: Since COVID, there's been several where, And several don't even say, I'm surprised at the number of members who do not want to go back to DTA, they're doing activities with the group home. I understand you say that a group home is not a DTA, but the group homes do things with them during the day and if it's their choice to stay home and do their iPad or watch TV socialize other way, then that's their choice. But I've been surprised at the number of members who do not wish to go back to a DTA. and Their lives are fine and it seems to be under control. That's been my feeling and I'm just grateful that we respect the wishes, but we also need to, for those that want to go back to a DTA. And the staffing is not available. We need to make sure that we're making that available as well. Brent, you have a comment?

00:20:00

Brent Seymour: Wasn't sure if my hand function was working. So if I.

Linda Mecham: Yes, it is.

Brent Seymour: Okay great. So yeah, I just wanted to add some further consideration to the discourse and the main reason is as I worked directly with adults on the autism spectrum for many years. And one of the things, not necessarily covid related, but certainly impacted by the pandemic. When everything went virtually is many young adults relationships now are cultivated and maintained virtually through gaming, through online forums, discord. And so I just want to make sure that we're also kind of noting that to your point Linda that you just made about members not wanting to go back to the DTA. It may not just be because the group homes are more enriched because of the pandemic and group homes having to do that. But also because young people's relationships aren't necessarily lower quality because they're primarily virtual. And so I think when we're looking at members where we're worried about their social isolation,

Brent Seymour: And we should also be asking ourselves and really investigating, does this person have relationships that are meaningful to them that are primarily virtually with people. Maybe they've never met in person because I don't think that that means it's less of a quality.



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Statewide Independent Oversight Committee (IOC) Meeting Update

Linda Mecham: Good point. Thank you, Brent. If there's no further discussion on this, I'd like to move forward. I think we've talked about number six, social relations, right. Eva. Social relationships. Okay, Thank you, Megan, thank you Eva. Thank you Brent, thank you everybody for your comments on that. So number seven is a state, We held our statewide IOC last week and I just wanted to give you a quick update on that. We have been asking for a public fiduciary to come to our meeting. There was a gal that was there at the statewide and she explained the public fiduciary process to us and why there are denials.

Linda Mecham: And there have been comments made, When I've sat in, by providers that they have requested a PUB FID but that DDD denied them tha. And so that was my concern: How is DDD related to Pub fid? Which is, I thought, independent from DDD. And she did clarify that indeed. They are independent and DDD does not deny, but if there are family members who are available to serve as public fiduciaries, then they encourage that. And if we find somebody that needs to have a public fiduciary, they are certainly willing to look at that again. Leah, did you have anything additional on that?

Leah Gibbs: You did a great job Linda that is true and accurate and there is a process the Division can follow when a member needs a public fiduciary. However it's not the Division's decision.

Linda Mecham: Correct. Okay,...

Leah Gibbs: Yeah, thank you.

Linda Mecham: And then we had a discussion on the DDD process of retiring members from having to have a behavior plan due to the dementia diagnosis. And I thought that the response was, no that there's not a process but I thought that we have the sun setting clause available. I wasn't real clear on that. Can anybody? clarify that for me.

Linda Mecham: No. Leah, you know everything. Come on.

Leah Gibbs: It's waiting to see...

Brent Seymour: yeah, sorry I was My failing technology today, Linda.

Leah Gibbs: If Brent was gonna offer, here we go.

Linda Mecham: Okay, I was waiting for him to raise his hand too.

Brent Seymour: So I was the one that talked about that and I think that this is again a little bit confusing or complex, but essentially, there isn't anything in the behavior supports manual related to the exit policy that speaks specifically to dementia. However, there were previous instances in which individuals with the diagnosis of dementia were sent over to PRC because they were having a hard time learning new skills and a behavior plan in essence is, a huge part of it is the acquisition of new skills. And so there was discussion



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for how do we exit these members. They're elderly members. We're kind of at that point where maybe a behavior plan is not appropriate anymore. And I think ultimately what happened was is that it kind of caught on and then it matriculated or kind of passed through all the various vendors and this notion that dementia is an exit criteria. That is not true, again, dementia is not one of the noted criterion.

00:25:00

Brent Seymour: That is relevant to an exit. However, As always, we can elevate a member through the Behavioral Health Administration through PRC administration to second level review and look deeper to member that has a diagnosis of dementia and the team can continue to submit exit requests based on that platform. But we are going to be looking at those individually case-by-case not as this blanket, oh member has dementia, they are automatically exited from PRC. Does that help to clarify that further?

Linda Mecham: It does. And that was my understanding of it, but I didn't quite get that in our meeting the other night. So I understand that.

Brent Seymour: Okay, I apologize for not clearly conveying them.

Linda Mecham: No, it's okay. It was probably me. I was.

Brent Seymour: No worries. I'm happy to clarify, I am happy to speak specifically to a member kind of offline. We're here to help in that regard for sure. But we're also not looking to make the process difficult for a member who is struggling with their diagnosis of dementia has further onset or progressing symptoms and truly a behavior plan is not the most important priority in their life, but we also want to make sure that vendors or plan writers understand that supporting a number with dementia, is not unlike supporting a member with other disabilities. There are definitely differences but they still need reactive supportive strategies to help them in their times of difficulty, as well as proactive supports to ensure that the environment and the staff are doing everything they can to help that member to be the best that they can be in their daily life and live that high quality of life. In that sense in the spirit of the behavior plan, that's why we don't want dementia to be a specific criteria because many members, even with onset or progressing dementia, can still benefit from a behavior plan.

Linda Mecham: Thank you for that. And again, I appreciate that. It's a Individual by individual case and that's what DDD's all about anyways, meeting the needs of the individual. So another issue that we talked about was the crisis situation and Cynthia McCluskey who is in on District West's PRC or IOC. Sorry, too many acronyms in this joint. Is on District West IOC. She's very, very knowledgeable about the whole crisis situation and she came and spoke to us about that. It's great detail. She also has a PowerPoint. I contacted her the other day and asked her if she would be willing to come to our meeting and do that same presentation, because I know that the crisis has been an issue with us. And so I would like to ask if you guys are interested and if you are, I can reach out to her and we may need to have a motion and a vote because everything has to be official. So is there emotion?



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Motion and Vote

Eva Hamant: Eva will make a motion to have her come talk about the crisis situation in the state.

Linda Mecham: Is there a second?

Eva Hamant: I missed her name.

Linda Mecham: I'm sorry?

+1 602-*-**22:** I will second that. This is Debbie. I will second it.

Linda Mecham: Thank Cynthia McCluskey. Is there a discussion? Do you feel like we need to have it? It goes through when police can step in, when they can't step in, what's available, what's not available. It's very, very thorough and I think it would answer a lot of the questions, especially you, Eva because you brought up crisis situations. I think it would answer a lot of questions for us. And I know it did for me because I was clueless about it until you brought it up Eva. And then, I've sat in on a couple of her presentation's and each time I listen to it, I become better informed, but I think it's important for us to know more about it.

+1 602-*-**22:** I think anytime we can gain more knowledge about the system and how DDD works from the different specifics in Good words,

Linda Mecham: All Is there any further discussion on that? Carolyn or Mandy or Lisa?

Curiosity Carolyn: No, I think this was a great discussion and I'm eager to learn more.

Linda Mecham: There's Lisa. We're talking about crisis presentation.

00:30:00

Linda Mecham: Did you hear that? Were you on for that?

Linda Mecham: Her connection's kind of iffy. Mandy, are you okay? Would we like to take a vote on this? Okay. Eva

Eva Hamant: Yes.

Linda Mecham: Carolyn.

Curiosity Carolyn: Yes.

Linda Mecham: Debbie.



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+1 602-***-**22: Yes.

Linda Mecham: Mandy.

Mandy Harman: Yes.

Linda Mecham: Thank you and I don't see Lisa on, Michelle, do you?

Linda Mecham: But we have majority with four.

Michelle Rademacher: I'm checking. Yes.

Linda Mecham: There's no, she's on me. Lisa's on mute.

Linda Mecham: All right. So that has passed another issue with regard. I'll reach out to Cynthia. And ask her to come to our next meeting. and so know that this presentation takes, I'll ask her the timing so that will take away from some of our agenda items so that we can stay within our time frame. And then another issue that we discussed at the statewide was the pcsp and the missing information that with the new document, we have Megan Dougherty on, I saw, Megan, are you up to speed on any of this or No?

Linda Mecham: Did she leave, Megan. There she is and she's on mute. Maybe she had to step away. So what it is is with this new PCSP and we've talked about it In this meeting. There are quite a few sections that are not being completed. The member profile and specifically the historical background is not being included. Generally there is a pretty good one in the BTP but it's not included in the pcsp. If the BTP were not there, then we would have no historical information. Also, the responsible person's contact information is not being completed. And then another thing that I have found is under the hab goals where in historically we have the steps for how to accomplish those goals have always been included. And now it says, how will it be done? I believe that's what it says or what needs to be done. That's what they're saying. And the support coordinators are reading that as being an action plan versus the methodologies. And so, it might be just the way it's written in that particular plan. But so we're missing the methodologies of the strategies on what the steps are for the goals to be completed and also wonder who will do it. They're not filling that out, whether it's to be done at the DTA or whether it's to be done at the GSE or the group home. So, That's information that's missing as well as signatures we're not seeing signatures on the PCSP. And so at our last statewide, I brought this up with Zane four months ago. I brought this up again in our meeting and I had done 24 in a two-week period. I had done 24 PRCs and I know Zane likes data. And so I said 24 of them were missing this information. And so he requested that Patricia and I get together and I sent him some plans that illustrated this. And in this current statewide meeting that I'm referring to, Cindy, and I don't remember her last name, and Barb Crawford were on and they did not find the issues that we found in it. So I'm going to be meeting with them. And I hope Leah that you would be interested in meeting with this as well because you're very well informed in your OIFA office. So I would appreciate if you would like to be involved in that as well. And Megan if you want to be involved. That's fine too. But I will reach out to them and set up an appointment. So that's what's going on with the PCSP. I just think, and one other issue that came up was the consistency



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between the BTP and the PCSP that they're not always in agreement and that we find as IOC members, that we are doing a lot of the work that should be done prior to it even being submitted as far as corrections and consistencies. And so that was another issue that was brought up by another chair as well. It's not just District Central that's having these issues. All five districts had comments with regards to the PCSP. So Leah.

00:35:00

Leah Gibbs: Linda, thank you for thinking of me and inviting me. When you respond back to Cindy to set up an appointment, please just ask her to make sure I'm included. And I'll be happy to. Thank you.

Linda Mecham: I will. Sure, thank you. Eva. You're on mute, sweetie.

Eva Hamant: So, when my daughter had her, 90 day. There were some issues and the support coordinator sent out the thing right away. Not through the official thing and when I read the document because she did everything on the computer, there were several issues that were not correct. And when I sent them to her, she said She could not correct it because it was already in the system and she'd have to redo the whole thing and could I wait to the next 90 days? And I do know that for parents, I mean, trying to talk about signatures, it's all electronically and they finally, I mean, The first time. Sorry, just a second.

Eva Hamant: So the first time, 90 days previously, we could not figure out how to sign the document then. So, the document wasn't signed., And so this time DD, finally got the technology done and it turns out there was this little thing where you had to click the button by the signature to say draw, so that you could draw your signature. So really, it wasn't until recently that the technology was there for people to be able to sign the document electronically.

Linda Mecham: I understand that, Eva. The thing is that they were writing that where it says signature, the comment or the statement was, member unable to sign. First of all, in most of those cases, the member was not the responsible party. There was a guardian involved. Guardian should have been signing. And instead of member not able to sign, member gave verbal agreement, this is prior to. Patricia, what is it that e-code that? There's a code email code that you're referred to., Patricia, remember on the signatures when...

Patricia Sandino: Not sure what you're referring to, but

Linda Mecham: because when they send in an email signature, there's numbers.

Patricia Sandino: Okay, yes. So there is a form of sending what is called electronic signature. So There's a program, so you sign into it. It gives you a code and actually gives you an official date of when that signature was taken.

Linda Mecham: Thank you. so all of that's taken into consideration. It's just that they just needed to pay attention to that signature. If they have the Guardian verbal agreement, but now it's not. I mean, still because everything is still electronic. I understand that, but I don't think a parent sign, guardian or member should



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sign until the corrections have been made so that they're signing a document that they are in agreement with. And just in the old days when we got the paper copy, I mean, I know they mailed, they emailed me Marks and I would review it and then I would print up the signature page and send it back to them so that they had a signature on file.

Linda Mecham: But I would not sign it until the corrections have been made. And that's what we're encouraging, right Patricia, for them to do is to get signatures when it's correct. So any other comment about that, but I'm glad to know that what you said about the support coordinators not being able to make the changes in there, Megan, are you available to speak to this? Megan Dougherty.

Megan Dougherty: Can you say that one more time?

Linda Mecham: We're having a discussion about the PCSP and the incorrections and the opportunities for signing documents.

00:40:00

Megan Dougherty: Yes, first signing after a change and...

Linda Mecham: Yes. The direct question is, How do I Put It?

Megan Dougherty: What was your direct question?

Linda Mecham: How can the support coordinator make the changes, get that document to the Guardian or the member for that member or the guardian to sign after the corrections have been made? How does that work so that there can be an actual signature on file.

Megan Dougherty: So, I have to look at the simply gov process. I know if there's an issue, the way that simply gov is run, is they complete the plan, they send it to the Guardian for signature and sometimes it's difficult for them to get it back to do corrections before they sign just because that's the way the system is set up for simply gov. It is a known issue and we are having discussions about how we can help that situation. But right now, I don't know, that there is a process just in the computer system of simply gov for them to be able to reject it and not sign it and then make changes. I'll have to look into that. See where we're at with.

Linda Mecham: Okay, all Okay, thank you and...

Megan Dougherty: That with simply gov itself.

Linda Mecham: While you're here, I just want to thank you for having the support coordinators and District Central end. The meetings. It's so important that they be at PRC and I really appreciate that. You encourage them to do that. It's such a big help because they're the record keepers. And so I just wanted to thank you for encouraging the support coordinators or a supervisor to be on the call. I appreciate that. so,



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Megan Dougherty: You're welcome. I just had my Friday coffee talk last Friday, and we actually brought up PRC and them attending the meetings, and getting the assistant. We have a lot of new support coordinators in District Central, which is very good. I mean,...

Linda Mecham: Yes.

Megan Dougherty: We've been actively recruiting for over a year. And this past six months, we've brought on 52, new, support coordinators, just in District Central. [So that brand new staff in the last six months who are still learning their job, 52 of them. We have fourteen people right now still in process for hiring fo District Central. So that's a lot of new folks that are still learning and probably need to run through the process of writing a BTP with the team and getting it through PRC and attending those meetings. So supervisors are helping them out.](#)

Linda Mecham: That's great.

Program Review Committee (PRC) Concerns

Linda Mecham: That's excellent. And, I can always help mold them too if you want. Okay, so let's see. So anything else on the PCSP? That was basically it as far as the statewide IOC. So item Number eight is the program review, committee of the concerns of a general nature. For. Are there any concerns? With the PRCs?

Eva Hamant: So I talked to James right before so I guess I need to explain why I have those questions. I don't,

Linda Mecham: This is PRC, not IRs. Yeah. Okay,...

Eva Hamant: The PRC, I'm sorry.

Linda Mecham: That's okay. That's okay. And I do have an issue and I discussed it with Patricia prior to the meeting. And I have brought it up at this meeting. And Brent, since you're on, maybe you can help us here. But in April, I sent a letter regarding PRN medications. We had an individual, and we're keeping this general because the topic is general as to procedural. So the member was on psychotropic medications. A medication for sleep. There was inconsistency in the PRC or PCSP and the BTP, one said that it was prescribed for sleep. The other said, it was prescribed for mood. And so there's inconsistency there. And then as the convert. And that he basically takes it. PRN, because they give it to him. He's in an ADH, he's capable of taking it himself. The ADH home, mom or dad, gives him the tablet to go to bed at night. And if he has not fallen asleep after an hour, then he takes it. As the conversation continued, the sister mentioned that she had.



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Linda Mecham: That they also give him one for when he goes out into the community. In case, he feels anxiety coming on. And then he takes it. And I said, that can't happen. First of all, it's not what is prescribed for. And it can't be PRN like that. And so I requested a second level review. And I expected a response back based on my request for what was going to happen for to this individual, and I had not heard back. And when I spoke to Patricia, she said they were going to, that behavior health, I guess, Patricia was it behavior health is going to monitor it or the ADH is going to monitor it? I wasn't sure. But, my point is I sent the letter and I thought that whoever did the second level review to District Central IOC would respond with the letter back, Brent.

Linda Mecham: Brent.

Brent Seymour: Hi so yes, I did. Patricia elevated it to me and I elevated it went through several different channels so that's why it took a little bit to get back. I do think there was a slight miscommunication which also led to a delay. So definitely, my apologies for the delay. On that Linda It did take a bit to get some response though because honestly this question had never really come up before in this very specific way. So I think we have kind of two avenues that are worthy of discussion or at least just to know. One of them is can a member self administer medication? The answer is yes.

Brent Seymour: The challenge is that, it has to be very well documented that this is something that this member can do. So it should be noted in the PCSP that the member is able to self-medicate that They have the skill set to demonstrate capability to do so. I would say that we have to be careful because a member, who is capable of engaging in that behavior and we limit their ability to do so, we could kind of consider that to be a violation as well in the sense that Article 9 is really pursuant of least restrictive environments of which a person would be able to administer their own medication. So I say all that to say, that pathway, as long as it's very clear in an ADH setting, the member has the capability to self medicate, it's written into their documentation. Then the team should essentially quote unquote, allow that member to do so.

Brent Seymour: The challenge here is that there are two concerns with the medication not being prescribed for the reason that it's being taken, which you've noted Linda, that is definitely a concern shared by the BHA. And to that this issue was elevated with as well as the ADH's role in quote unquote, administering, that In my understanding from the information that I received is that in an ADH, the medication is allowed to be unlocked as long as it's written in, and it's noted that this member is capable of taking their own medication. however,

Brent Seymour: The group home the ADH should not be advising the member when they're supposed to take their PRN. They should not be having that medication in their hands quite physically. I mean, they should not be giving that medication to the member. They should not be involved in the administration in any way, shape, or form of that medication. But again, if it's written into the documentation, the member can take the medication, then they should be allowed to do such. This really is an issue of the ADH needing to have a very stern reminder, that they are not to be involved in any way, shape, or form of the administration of a PRN



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medication, as well as the team supporting the member to connect with the psychiatrist or the prescribing physician and review the concerns with the medication, not being taken in accordance to how it's been prescribed.

00:50:00

Brent Seymour: Those are I think the final sort of conclusion points from that.

Linda Mecham: So, where do we come to terms with PRN meds are not allowed in DDD funded facilities?

Brent Seymour: PRM Medicaid. So Article 9 does not apply to the member themselves. In terms of, they have to adhere to Article 9. Individuals supporting that member, has to adhere to Article 9, right. So, any DDD funded homes, Or in some instances, families that are providing direct care of the member. But Article 9 isn't for the member to abide by in the sense that they have to follow it to further their own practices. So in that sense,...

James Maio: That's right. That's right,...

Brent Seymour: go ahead, James.

James Maio: So if the staff can't issue any PRN medications which is why the rule exists, so they can't over-medicate a member to control a member. But a member can give themselves a PRN medication if they are self-medicating as long as it's documented in their PCSP that they self-medicate. Where the problem was, Linda, is where they were saying that they were giving the member medication to go into the community to take for anxiety. And that's where it crosses the line again. And that's where the issue probably lies is that they're not truly self-medicating at that point. That's a member who self-medicating doesn't need staff to hand them a med, doesn't need somebody to remind them to take it, doesn't need all those things, they're not at that point self-medicating anymore. So that's where in that particular scenario that you're talking about, if a member is totally self-medicating, doesn't need somebody to track their meds, hand them their meds, do anything like that. They don't have to follow any of the Article 9 restrictions on medications.

Brent Seymour: Great summary James. Thank you for that.

Linda Mecham: So, is it? Were you able to determine that this individual is able to self-medicate without the assistance of the ADH involved?

Brent Seymour: This is what's been reported by the team supporting the member. So to that level of determination, Yes. Are we able to determine much further than that with some type of monitoring support perhaps? But even then you were only going to get so far. If the team has documented it that it's something the member can do and there have been no reported issues and I think all is safe to say It's good. However there is an issue right now. So really what we need to do is follow back up with that team, ensure that they



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understand these two really critical pieces of information and that they support that member to essentially, seek for their professional support to tie up, that loose end and clarify what needs to be clarified.

Linda Mecham: And then once all of that is done. I would appreciate a return, a letter, a correspondence back since I'm the one that sent you the letter requesting this from District Central IOC. I would just appreciate follow-up on that because I've been talking to poor Patricia. She's kind of like the go between for us and I would just appreciate if you would get back with me and let me know because currently I could not approve that the way it was written. So technically that plan does not have IOC approval because of the way that was written.

Brent Seymour: Understood and yes, I will provide you email written correspondence after we've touched base with that team.

Linda Mecham: All Okay, thank you. Brent. Appreciate

Brent Seymour: Of course, Linda and thank you so much for your diligence, it really can't be said enough. We know that at all costs, you are doing what's best to identify a concerns for vulnerable people and we greatly appreciate you and the rest of the IOC team.

Linda Mecham: Thank you. Sometimes we feel kind of like the mother nagging, but

Brent Seymour: No, not at all and I know sometimes it takes a bit to get responses back but that's not for inaction, it takes a minute.

Linda Mecham: and I want to thank Patricia. I mean, I'm going to get emotional here. She puts up with a lot for me and she is great. She's smart. She works hard and Brent, you guys need to get her an admin, okay? She's working too hard.

00:55:00

Brent Seymour: We are driving ourselves for that. I promise you. And yes, I completely agree. Patricia is outstanding.

Linda Mecham: She is so, don't ever take her from District Central, unless she gets sick of us, all. Patricia. Love you.

Patricia Sandino: Thank you.

+1 602-***-**22: And I have a question.

Linda Mecham: Okay, right. Yes.

+1 602-***-**22: Who is supposed to notify the guardian of the date of an upcoming PRC for the person in their care?



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Linda Mecham: Patricia.

Patricia Sandino: So, the way that works is the team is supposed to invite the Guardian. I do my hardest to invite the Guardian. However, if I don't have their information, I can't invite them. I need that information and email a phone number and so I will definitely ask the team when I send out the invite. Please invite the Guardian because the team is holding the information from PRC. So there's no way for me to. So if the information is on there. I definitely invite them So, it

Linda Mecham: that's,

+1 602-*-**22:** Would it be like the support coordinator or would it be the group home?

Linda Mecham: The plan.

Patricia Sandino: It falls on the team so that would be either one. It can be the support coordinators responsibly and as it can also be the providers. So I'm not sure who's totally responsible for that. I'm just, again. the team has either the support coordinator or the provider should provide that information on the plan.

+1 602-*-**22:** Okay, I've been excluded from my daughters.

Patricia Sandino: But they're just.

+1 602-*-**22:** I've been excluded from my daughter's PRC the last couple of times. So I will, I guess rattle some cages of the people that are on the team. Thank you.

Linda Mecham: And also that goes to the point that they're not filling out that responsible person information. Because if that was filled out, Patricia would know how to contact the Guardian. Just another reason to have that included. so, Okay,...

+1 602-*-**22:** Okay.

Incident Review (IR) General Issues

Linda Mecham: Thank you everyone for this discussion. Moving to the incident reports of a general nature, Eva.

Linda Mecham: You're a mute.

Eva Hamant: yeah, so I did send them to James and Michelle sent them to James in case they went to his junk. So, he found the information out for me. And I guess, everybody's supposed to read the responses to the IRS. And the reason why I asked these questions are, most of these were all substantiated and I felt the issues.



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Eva Hamant: And maybe this is just me, but I guess that they were issues that seemed to me long-term and because we don't really see the follow-up if they have another IR over the same issue, that's why I asked those questions and that's why, in some ways I felt like, it'd be some of the stuff. James has always talked about how they prioritized what level but in some ways I felt some of those issues that were brought up in the thing or how they followed up with the investigation is almost like another IR that seems to need to be addressed and that's why I'm asked those questions. And I was really unhappy about the fact that most of those questions did not get a response at all. And that's why I sent him to James and to Michelle because these were issues I really felt like if we were taking care of individuals that we need to do that.

01:00:00

Eva Hamant: And the other things about IRS, it is the fact that I know I don't read the emergency measures. but on the same token, last month. Jeffrey mentioned that the SARS report did not include ASH members and I sent him a copy of the actual policies that it did. The tracking and trending of SARS for members included those ASH. And so James said, we have to ask Carl Burik. to find out when we're going to get the SARS report to review.

Linda Mecham: I think I reported on this in our last meeting that what was happening was ASH was sending the Incident reports to behavioral health. Behavioral health was not getting them into the system or to QA. I met with Carl and Leah. And they got it. all set up to where we will get those reports, so it was just the ASH was sending them, but I believe it's QA was not getting them. Leah, do you want to speak to that?

Eva Hamant: no, but actually

Leah Gibbs: That is correct and Eva just to let you know, all of the incidents that occurred during that lag period have all been identified and they've all been sent forward for review.

Eva Hamant: I know.

Leah Gibbs: So, there is no gap in the incidents.

Eva Hamant: I know, I know, but what I want to know is because in the new policy, we are supposed to review those SARS reports that QMU. So the divisions QMU shall Track and Trend use SARS for all members, including members of the state, and prepare quarterly reports for the QM/ PI Committee based on the data. The AHCCCS OHR and the IOCS review those SARS report to determine if there were any inappropriate or unlawful use of SARS and determine if the SARS may be used more effectively are appropriate. So I want to know when we're going to get out that SARS report to be able to be reviewed. And James said I had to ask Carl.

Eva Hamant: To find out when we get that SARS report. So,

Linda Mecham: What is SARS?

Eva Hamant: Is seclusion and restraint. And so,...



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Linda Mecham: Okay. All right.

Eva Hamant: So I guess what I need to understand is that we're supposed to review that report quarterly. I just wanted to know when that quarterly report is supposed to be started.

Linda Mecham: Michelle has her hand raised Michelle.

Michelle Rademacher: So just to clarify, Eva, you found documentation where there's a quarterly seclusion and restraint report, is that what you're saying? And that's what you're asking that you'd like to have.

Eva Hamant: Because it's in policy 962 reporting and monitoring of seclusion and restraint. It's in the new policy, and

Linda Mecham: Eva has it been implemented yet, or was that or...

Eva Hamant: It's been around for at least two times,...

Linda Mecham: Is that?

Eva Hamant: So it should be pretty.

Linda Mecham: Yeah, but we get them 60 days early. Has it been implemented? That's the thing.

Eva Hamant: I know but I'm saying I've talked about this for two meetings. So this is the third meeting. So that's why I'm asking when's the quarterly report going to be implemented? When is it going to start coming and to make sure that we actually get to review it and put it on our agenda?

Eva Hamant: so, Yeah. because,

Linda Mecham: Let us look into it. We'll look into it and I will get back to you. I will follow up and get back to you on that for sure within the week to find out if 9 is it 962? Is there a number with it?

Eva Hamant: No, it's policy 962 reporting in monitoring a support...

Linda Mecham: And is that in the behavioral health manual or We have so many which manual is that in? Leah.

Leah Gibbs: It's in the Divisions Medical Policy Manual and it is still open for public comment. No.

01:05:00

Linda Mecham: So, it's not in effect yet. Okay. All right.

Eva Hamant: When okay, but,



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Linda Mecham: So That was my question Leah,...

Linda Mecham: because if it was out for public comment, it's so once so maybe that something to consider is how and maybe Leah you talked to Carl. How we are going to get that report once it goes into policy. Is that good. All right. Great, thank you for bringing that up. I appreciate you.

Eva Hamant: So that's all I say. Let me tell you that those policies on behavioral health impacting people with DDD are very, very impactful. They're all new. they're something else that everybody should have read.

Linda Mecham: Anything else on your incident reports? General nature.

Eva Hamant: I didn't know. So I don't know. Michelle is this when we're supposed to go into executive sessions so I can find out what Jim, James found out.

Linda Mecham: That's executive,...

James Maio: It's at the end.

Linda Mecham: That's executive, that's at the end, Eva and when we go into executive. That's why I'm trying to hurry through the public part of it, okay? All...

Eva Hamant: Okay, got it.

Incident Review (IR) Topic Assignments

Linda Mecham: All right, so no more for yours. Incident reports. Alrighty. Let's, for number 10, we've lost a few people. We need to reassign the incident report topics. So who takes accidental injury? These are the topics accidental injury, client missing, deaths, emergency measures, human rights, legal, med errors, neglect, and other. so,

Linda Mecham: Who wants to do what?

Eva Hamant: I'll tell you, I read the close IRS. And I start out with suicides. Then I read the death, then I read neglect, then I read human rights. and then sometimes I get around to other abuse. And I haven't read a physical abuse since this year at all. And I don't read med errors.

Linda Mecham: James, did I get all the topics here? Accidental injury, client missing, deaths, emergency measures, human rights, legal, med errors,, neglect, and other.

James Maio: No, you're missing a couple. Hold on. I'll pull them up for you.

Linda Mecham: Which ones?

Linda Mecham: Okay.



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Linda Mecham: Mandy, you have a comment. You're on mute.

Linda Mecham: The what?

Mandy Harman: .

Linda Mecham: I can't hear you my dear. Nothing.

Mandy Harman: Hold on. Can you hear me now?

Linda Mecham: Barely, It's kind of sketchy.

Mandy Harman: That's weird. You know what I'll put it in the chat.

Linda Mecham: All right, thank Appreciate that. I don't know what the connection is but just,

Linda Mecham: Michelle.

Michelle Rademacher: so, the categories of the incidents that you review are accidental injury, Client missing, Death, Emergency measures, Human rights, Medication errors, Neglect, Other behavior, Other Injury, Physical Abuse, Property Damage, and suicide.

Eva Hamant: And I read suicide.

01:10:00

Linda Mecham: Okay. Lisa.

+1 520-*-**61:** And it's different. This is Lisa, are we stating what I can remember other behavior being on there, but I'll take other behavior and other injury and I can do also the emergency measures as well.

Curiosity Carolyn: And Linda, this is Carolyn. I have not been keeping up with medication errors, but I will get back to that.

Linda Mecham: Okay, so Lisa, you're doing, emergency measures, other abuse. And what was the other?

+1 520-*-**61:** Other behavior.

+1 520-*-**61:** It was other behaviors is...

Linda Mecham: Other Behav.

+1 520-*-**61:** what I heard her say. Other behaviors,...

Linda Mecham: Yeah, that's right.



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+1 520-*-**61:** other injuries and emergency measures And I was voting yay on the other one. I just didn't unmute the star six.

Linda Mecham: Okay, all right.

+1 520-*-**61:** So I apologize earlier.

Linda Mecham: Okay, let the record show. Michelle, she voted Yes, on. Sending that, inviting. Cynthia, I could think of her name. Okay. So Lisa, I have you for other behavior, other abuse and emergency measures correct?

+1 520-*-**61:** Other injuries, what I thought. I heard her saying and...

Linda Mecham: Okay.

+1 520-*-**61:** then emergency measures.

Linda Mecham: So, not other abuse, right?

+1 520-*-**61:** No, I mean I can take that one too. That client, I can do all the others.

Linda Mecham: All right, you do all the others. You've got the other grace that's easier.

+1 520-*-**61:** I got the other.

Linda Mecham: And emergencies. Okay, and...

+1 520-*-**61:** Correct.

Linda Mecham: Mandy, let me get over to the notes here. See what you wrote.

Linda Mecham: Neglect. Okay.

Linda Mecham: all right, so we have

Eva Hamant: Is that opening or closed neglect? Mandy.

Linda Mecham: Are you doing open or closed, Mandy or both.

Linda Mecham: She's doing open. Okay. Eva, tell me which one's you're doing. You're doing closed and Neglect. You're on mute Eva, I haven't heard a thing. You said. I wondered if you were looking, sorry.

Eva Hamant: I'm so, as Suicide, Deaths, Neglect, Human rights, Legal, And sometimes Other Abuse.

Linda Mecham: So okay, so we still have accidental injury, client missing.



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Linda Mecham: Because what's PA, physical abuse. And property damage.

Linda Mecham: So, let's see. We have Debbie, which ones do you want to do? Do you want to do? Accidental injury, Physical abuse, or property damage.

+1 602-*-**22:** Hello. Did you hear me?

Linda Mecham: No.

+1 602-*-**22:** Here, I will take two of the smaller ones. Or one large one, whatever one you want me to do.

Michelle Rademacher: So accidental injury is one large one. The smaller ones would be client missing, physical abuse, property damage, Legal.

+1 602-*-**22:** I'll do client missing. And property damage.

Eva Hamant: And Debbie you need to understand that they have a new policy for client missing.

+1 602-*-**22:** Or that maybe I won't take that. What was the other one?

Eva Hamant: no, Actually it was really interesting about client missing is now they have to talk about what caused them to run away. They have to talk about their communication system and they also are supposed to meet after they find the individual and have a meeting to discuss why? the individual, just solve the problem so it doesn't be reoccurring. So If you read the closed ones, you can see if it's a trend for a client missing.

01:15:00

+1 602-*-**22:** So what one do you want me to take? I'll take the bigger ones.

Linda Mecham: Accidental injury.

+1 602-*-**22:** Okay, I'll take that one.

Linda Mecham: That would be easier for you.

Eva Hamant: I didn't mean to scare you off Debbie, but I thought I was interesting.

+1 602-*-**22:** No, that's okay. I just have limited time between my job and...

Curiosity Carolyn: .

+1 602-*-**22:** My family, and Amy, and everything that I do. I just don't want to get too detailed. So that sounds good to me.



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Linda Mecham: And while we're talking about it, y'all can send prayers for her daughter, Julie who's going through chemo and Julie's too young to be going through cancer treatments right now. So debbie's

+1 602-*-**22:** So I have her and her children. And I'm taking care of taking her to chemo and So yeah,...

+1 602-*-**22:** I wanted one that's not too detailed complicated.

Linda Mecham: It's complicated. Yeah, okay.

+1 602-*-**22:** So thanks to the warning, Eva.

Linda Mecham: All right, so Mandy, Mandy. Let's see. All right, you've got neglect. That's good. Carolyn. Do you think that you could take client missing or physical abuse in addition to the Med errors?

Curiosity Carolyn: I'll take physical abuse.

Linda Mecham: All right, and I'll take what's left. I'll take the rest of them. Thank you everybody. I'll take the list, it's on a couple pages here. I'll send out to everybody after this meeting, what the assignments are, okay. Good deal.

+1 602-*-**22:** Sounds great.

Linda Mecham: Okay, thank you.

+1 602-*-**22:** Thank you.

Program Review Committee (PRC) Dates/August

Linda Mecham: And speaking of assignments, here, our next item is dates for PRC for next month. We need somebody to sign up for August 1st. These are dates that I can't do it. I'm having some medical procedures next month. So,

+1 520-*-**61:** I could do August 1st, this is Lisa,

Linda Mecham: Okay. Thanks, Lisa. Patricia. I'll send you these. Okay.

Patricia Sandino: Okay, but there's no August...

+1 520-*-**61:** Thank you Patricia.

Patricia Sandino: We don't have an August first.

Linda Mecham: No, August 1st. Okay, how about August 10th?

Patricia Sandino: We have August 3rd. 8. Okay,...



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Linda Mecham: I'm doing third.

Patricia Sandino: you're doing. I don't have you down. I guess I do have you down but Okay,...

Linda Mecham: There is so many plans.

Patricia Sandino: the tenth is open, the 15th.

Linda Mecham: 22nd, 24th.

Patricia Sandino: 22nd, 24th.

+1 520-*-**61:** Lisa can do the 15th of August.

Linda Mecham: Are you doing it on the 31st Patricia?

Patricia Sandino: Yes, and I have you down.

Linda Mecham: Yeah, okay, I just want to make sure. Okay, August 10th, we need an August 10.

Linda Mecham: Anybody. Carolyn. Can you or no?

Curiosity Carolyn: No. Sorry I have a major doctor's appointment that morning.

Linda Mecham: How about August 22nd or 24th?

Curiosity Carolyn: Let's see. I can do the 22nd and the 24th.

Linda Mecham: Okay.

Linda Mecham: All right, let me look on the 10th. I'll see if I can't do the 10th, Patricia, let me just look real quick.

Patricia Sandino: Okay.

Linda Mecham: I just have an appointment. But I can send you all my comments like I do. And I can be in for most of them. Okay.

Patricia Sandino: Alright, I'll put you down.

Linda Mecham: All Okay, we've got PRC taking care of everybody, good?

Linda Mecham: Let's see, moving on to...



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Updates from DDD, ADOA, UHC, Mercy Care, and PRC

Linda Mecham: Here we are always. Updates from DDD, United Healthcare, PRC. And Megan Dougherty. Megan. I don't know if she's still on if she wants to give us an update.

Linda Mecham: Looks like she logged off, So Michelle, you want to call the roll? On the updates.

01:20:00

Michelle Rademacher: Sure, I'd be happy to.

Michelle Rademacher: Leah, would you start us off, please?

Leah Gibbs: I'm always honored to thank you, Michelle. Hi everyone. So I've been keeping you aware of activities the Division has been doing to try to improve the services that our members are receiving when they do have co-occurring behavioral health needs and I just want to reiterate some of those so that you're aware that the Division is continuing to work on developing educational opportunities for people who work for the behavioral health agencies that support our members. We are identifying courses through the course library of Relias that will help behavioral health agencies better understand, working with people with intellectual and developmental disabilities. We're also developing a reliance course that is very specific to the Division of Developmental Disabilities here in Arizona and how our systems collaborate with one another. We are also developing a couple of day-long conferences that we hope to plan in Tucson and one in Phoenix, that the behavioral health professionals will be able attend to be able to strengthen their knowledge in best practices and supporting people with developmental disabilities. We also continue to work on our project of rolling out positive behavior, support training, that will be mandated, for all of the direct support professionals that work in our state operated programs. It will be available to qualified vendors for their direct support professionals with the division, providing incentive funding to the providers, to be able to free up those staff to take them off shift, so that they can attend that training.

Leah Gibbs: We are also working with a third party, pardon me, delivering the training to interested, family members and caregivers for our members and we will be coordinating a weekly technical assistance drop-in session for people who've completed the training or in the process of going through the training and they have questions or want to continue to learn. We have developed on a high level at this point, how we're going to track the success of the positive behavior support training so that we can demonstrate that and be able to make this part of how the division does business moving forward rather than just a specialized American Rescue Plan Act funded process. So we've identified several different training curriculum. That we are pulling the best out of different curriculum to develop one. Our goal is to have that finalized for the end of September with our executive leadership to approve it. We hope around January to be able to start offering the trainers, so that the qualified vendor agencies who have training staff that will be delivering the curriculum have the opportunity to be trained through the folks who know it the best and to make sure we have consistency on how that's going to be rolling out. And then making that available to direct support professionals and to family members moving forward after that. We are, high Linda



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Linda Mecham: Who was on that committee to get that.

Leah Gibbs: All Okay, ...

Linda Mecham: Okay, I trust it then no.

Leah Gibbs: trust me, I'm not alone. I actually have the support of our behavioral Health Administration. We have support from stakeholders in the community and we have support from other qualified vendor representatives. And so there's a kind of a smaller core group and a much larger full committee involved.

Linda Mecham: Was their IOC involvement in that or...

Linda Mecham: not needed?

Leah Gibbs: There was in is and I can't remember off the very top of my head, right this second who the representatives are Eva?

Linda Mecham: Okay.

Eva Hamant: Okay, so that is just really a lot of information. So you're having this positive behavioral support training for the state opps and providing providers. You can have parents and caregivers. In January, run the trainers. Is that on the positive support? Thing. Got it.

Leah Gibbs: That is the plan for positive behavior support. Yeah.

Eva Hamant: Okay, I got sidetracked in my little thought processing of this.

Leah Gibbs: I thought I was doing okay.

Linda Mecham: You did find good.

01:25:00

Leah Gibbs: Now.

Eva Hamant: I just want you to know that I get the Realist. And I did do the trauma care. And people with IDD. Which is sort of why I brought up the stuff about two for

Leah Gibbs: Yeah, there's actually going to be a component in the positive behavior support curriculum around trauma informed care and some basics around trauma that people need to understand in supporting people with IDD. You can tell I'm very passionate about it because I truly believe they could really help families and direct support professionals to feel more confident in supporting people and recognize how they personally impact the environment and how it impacts our members who are trying to lead the highest quality life that they can. So I apologize if it was too fast.



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Leah Gibbs: I also want folks to be aware that we are rolling out some new projects around, what we're calling, Quick Reference Guides. We're developing a library of one page documents to help families, who have questions on a particular subject, to be able to go on to our Web page and find that information in English and in Spanish. Right now, we have three guides already published. We have several that are in the process of being developed and I have a list of some that, as we can get them done, we will be taking on new ones.

Leah Gibbs: We have developed a guide to provide the most current information to families about parents as paid providers for their minor children that at this point AHCCCS has extended that flexibility as it is through November, the 11th and AHCCCS is conducting some public forums to hear from folks about a proposal that they're doing with the Centers for Medicare and Medicaid Services to maintain this flexibility permanently as part of the program in Arizona.

Leah Gibbs: In their proposal AHCCCS is recommending, what we're referring to, as some guardrails or safeguards around the service. And we would encourage anyone who is interested to, please attend their public forum events. They've done one in July, and there'll be another one coming up in August, and I can get that date to Michelle and she can get it out to folks, to let you know when that'll be. we

Eva Hamant: And from one to three.

Leah Gibbs: I'm sorry. Eva

Linda Mecham: What you say. Eva.

Eva Hamant: August the second one to three, I think.

Leah Gibbs: It might very well be I need to go in and look it up, Eva but I'll make sure that Michelle has the information for the committee. And then the other one that we have published is one to provide some guidance to families when they have more than one insurance carrier and how to coordinate those benefits for pharmacy services. And we have one published around, my goodness. Why am I going to embarrass myself and not remember

Leah Gibbs: I'm sorry, and then I have about nine of them in the hopper right now. Some are with AHCCCS for approval, some with some community stakeholders for review before they go to AHCCCS for approval. But we're publishing one around coordination of insurance benefits on that higher level, not just pharmacy. We're also publishing some one around naloxone use and opioid overdose. We've taken our eligibility process and we're breaking it down into different one - pagers by topic, for example, one for eligibility, for baby's birth to age three, and one for children three to six, and one for age six and above so that people can look at that information based on the age of the person they're applying for. We are also finalizing one on how to complete the application when you apply for DDD services because it can be confusing sometimes. We are doing one around support coordination and the role of a support coordinator as well as the process of who to get in contact with in that hierarchy chain of command and that one is out for public comment.



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Leah Gibbs: For employment services, we have one around employment first, one that explains the relationship and collaboration between DDD and vocational rehabilitation to find employment opportunities for our members. And we are doing one of the different DDD employment services that are available. So We have one that is going to be coming shortly around the AZ able accounts. That's kind of a down and dirty around those accounts and information on that.

01:30:00

Leah Gibbs: We have just finished one that is out for stakeholder review, around what to do in an emergency to clarify about how our customer service is available during the day and how our after hours is available nights weekends and holidays, and how to contact those as well as the nurse help lines for all of the DDD health plans.

Leah Gibbs: We are also developing one around and we're going to work. We're going to change the name but right now it's around guardianship and alternatives to guardianship to provide some guidance to families around preparing for age 18 and what things to consider. So those are the ones that are actively being developed right now and as a committee, if there are topics that you would recommend that we consider for one pagers. If you just let Michelle know and she can let me know and I'll be more than happy to add them to the list. Go ahead Linda.

Linda Mecham: One thing I'm on another committee and we're discussing guardianship and the medical field. And this is huge...

Leah Gibbs: Mmm.

Linda Mecham: because the doctors don't seem to understand guardianship. and...

Leah Gibbs: Mmm.

Linda Mecham: that because parents are saying, who are guardians, I want to have a meeting with just you Doc without my adult child in the room, and the doctor saying, No, the child has to be here when in fact, it causes more trauma, more behaviors. I mean, you're a mom, you get this. And so, we're having issues with that. Maybe that might be something you could address in this medical or in this guardianship as far as the responsibilities for guardians and what they can expect in the medical field because we're looking at it from a medical perspective and letting the doctors know that talking to the Guardian is the same as talking to the member. And they don't get that.

Linda Mecham: And in fact, You walk in, and some of them are even saying, you walk into my office and I trump guardianship, meaning the doctor. Whatever the doctor says, goes rather than what the Guardian wants. Yeah. And that's apparently pretty prevalent, especially in the SMI world. But I

Leah Gibbs: Linda, what I'd like to do is add that as a separate one pager because I think that that's a very Specialized area.



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Linda Mecham: Specific now.

Leah Gibbs: Yeah, but I would love to add that to our list to develop.

Linda Mecham: Yeah, it's important. And we're trying to get that out especially to the medical community as to what guardians roles are because they just don't. Yes,...

Leah Gibbs: And the authorities that go with that. Thank you.

Linda Mecham: Another thing too that we're finding is that guardians don't always understand what the legal responsibilities are and how do I put this there? For example, financial responsibilities, where does all that start and stop and, exactly what the responsibilities are as far as what are they liable. That's the word I'm trying to think of liabilities. So, just want, just something to think about on that whole guardianship issue. Those are things that I have found. You bet.

Leah Gibbs: Thank you. And just so you know, we have the support of Xi'an with the Arizona Center for Disability Law joining us on that workgroup.

Linda Mecham: Yeah, that'll be good. Okay, all righty.

Leah Gibbs: I do believe that those are my updates unless anyone has any questions?

Linda Mecham: Thank you, Leah. Good job.

Linda Mecham: High five. Michelle.

Michelle Rademacher: Thank you, Leah, definitely lots of information, too, for everybody. James, did you have an update today?

James Maio: I just have a few little things so District Central brought on one new nurse investigator and one new incident specialist. So we are fully staffed, so that's nice. It's the first time that we've been fully staffed in six months, so that's really helpful for us. I think the only other thing, that the good news is I'm on a PIP project or for the quality, it actually covers a lot of other areas, Brent is on it as well, and we're in phase one of a behavior plan PIP, which is a project improvement.

01:35:00

James Maio: Process improvement plan. And is the tracking portion of it and we're getting ready for implementation of phase one. And so, I'm very excited because it's about tracking behavior plans statewide so, it's moving forward. We're actually way ahead of where we thought we'd be. So,

Linda Mecham: That's great. James.

James Maio: We're gonna be using focus to track behavior plans. So yeah.



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Linda Mecham: Excellent.

James Maio: That's it.

Michelle Rademacher: Thank you. That is very good news. Patricia, would you have an update by any chance?

Patricia Sandino: I currently don't have any updates to share. Thank you.

Linda Mecham: Kudos to Patricia, she works hard for us. Thank you. And Brent's going to get you an admin. We heard commit right, Brent. It okay...

Brent Seymour: I'm on it.

Linda Mecham: This is public. So it's going to be in the minutes here, Brent.

Linda Mecham: Okay. All right. Go ahead. Sorry Michelle.

Michelle Rademacher: I believe that's all DDD staff updates. Did you want me to keep going? Okay.

Linda Mecham: ADOA.

Linda Mecham: Larry.

Lawrence Allen: Good morning. How are y'all this morning?

Linda Mecham: Good morning. Hanging in there.

Lawrence Allen: A couple updates I have for the group. One big one would be. I've just got administratively, How do we approach executive sessions? And this is kind of, be kind of a shift on how we approach things when it comes to that. We need to have it on the agenda. The reason why we want to go into executive session before the meeting starts. So if we don't have it on the agenda before the meeting starts, then we cannot go into executive session. So we cannot have a as needed anymore. Like we normally have had in the past, so it's gonna be a little different on how we approach this. So, we need to again have that on the agenda before the meeting.

Linda Mecham: We have that on there. It says, confidential incident report reviews. In today's agenda, yes.

Lawrence Allen: Yes, yes. Ma'am, I noticed that. So thank you very much. The.

Linda Mecham: I don't want to get dinged. I get dinged enough, okay.

Lawrence Allen: End. No, This is where it's gonna get a little tricky for everybody. Google Meet has a breakout room feature that you can set up a breakout room and have a discussion, but it doesn't allow you to



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record which unfortunately is a problem for us. So what we're going to have to do is we're going to have to have another Google Meet link for the committee to log into and have the executive session in a separate meeting link, but have the original meeting link open. Then when that executive session is over, then, go back to the original link to either vote on your discussion you had in executive session or maybe you just don't decide to vote or close the meeting. So it's gonna be a little tricky but Michelle and I are here to help you navigate that process.

Linda Mecham: I liked it when we were just a little old mom and pop committee.

Lawrence Allen: It was a little easier. I agree.

Linda Mecham: Went to lunch, met all day.

Linda Mecham: Didn't have to worry about all this stuff.

Lawrence Allen: I know it does make a lot easier. No doubt. So It adds a little layer complexity to it...

Linda Mecham: We'll do it.

01:40:00

Lawrence Allen: But we can get through it. Unfortunately, those are the rules we have to play by and...

Linda Mecham: Right.

Lawrence Allen: this was discovered during the Ombudsman's training that we had early June for open meeting law. And then we had a couple out here sit in on some meetings and it was discovered that we weren't approaching this the right way. So hence the change, so,

Lawrence Allen: The other update I would have the committee. Let me stop right there. Is there any questions on that? Because that's kind of a big way the committee is going to have to approach Executive Sessions. Yes, man.

Linda Mecham: Let me just say one thing.

Lawrence Allen: Eva No.

Linda Mecham: Go ahead, Eva.

Eva Hamant: So are we going to have to start that separate meeting this time? Or can we go into executive session today?

Lawrence Allen: No, it's on your agenda today. So if you need to have an executive session or if you don't think you need it then that's fine. But it's on your agenda to discuss IR reports. So by, you start, we can certainly do it today. That's not a problem.



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Linda Mecham: We did it the right way, but today is just that they don't have it set up for us to go into the separate meeting to keep this one open. So this stays open.

Lawrence Allen: No, Michelle will post a link to the executive session in the chat room. For today.

Linda Mecham: For today. okay.

Lawrence Allen: Mm- And so the people that aren't through Google meets or just on mobile phone, there's a phone number too, you can call in as well. So there's different ways to tap into that. So, if

Lawrence Allen: I'm sorry.

Linda Mecham: They want the people on the phone, won't see the chat?

Lawrence Allen: That's correct. We'll have to verbally give the phone number out.

Linda Mecham: Okay, or text it to them. I'll text it to him.

Lawrence Allen: Or text it to them.

Linda Mecham: Okay Michelle. If you text it to me, I can text it to them. Okay. Yeah.

Michelle Rademacher: Okay, that works.

Linda Mecham: Okay, go ahead Larry, wait,...

Linda Mecham: Let me just say I know I'm giving you a little bit of lip here and...

Lawrence Allen: All right.

Linda Mecham: I apologize. But I really do appreciate that you keep us legal so that we're not outside of the parameters here, I appreciate that. Thank you.

Lawrence Allen: No problem. That's what I'm here to help. The other update I have for you, is that the state fiscal year started July 1st, New fiscal year. So year end reports are, I know I hate to be the bearer of bad news on that as well. I'm just full of good news today, aren't I? Yeah. So year end reports will be due November 1st. Okay, so Michelle and I can administratively help you complete the reports, format it. Whatever you guys need, please let us know. And I'll be sending out an email to the chairs and vice chairs or if you have a subcommittee, to work on your report. Let me know. I'll send a, Yes, I will send an email out to everybody, kind of outlying, what goes into your annual report again. I know I sent that out last year but I'll put it on top of your inbox for you. The framework that goes with your and your report. So,



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Linda Mecham: Is that the? format or whatever that I think it was South that was referring to in our statewide meeting. Who is it from South? What's his name? Yeah, Keith is that what he was referring to in the meeting? He said There was a template I mean,...

Linda Mecham: I don't know that I've ever seen a template we just always

Lawrence Allen: no, There's it in the IOC manual list. The different categories to look for in your annual report,...

Linda Mecham: Right.

Lawrence Allen: that the committee may or may not have addressed. And if you addressed it and looked at it, then by all means, put that in your report, if not, then, you just want to the next item. So it's pretty straightforward on that...

Linda Mecham: Eva.

Lawrence Allen: but I'm not too sure what Keith was referring to a template. There is no template

Linda Mecham: I don't think anybody is sure what Keith was referring to. Sorry. Eva

Eva Hamant: In the June meeting, we had two motions and...

01:45:00

Eva Hamant: Did they get submitted to Larry? And so that we could have an update on what our motions were.

Linda Mecham: I didn't hear. I'm having a hard time, Maybe Larry. Can you mute? I think there's a lot of background on yours.

Lawrence Allen: sure.

Linda Mecham: Thank you. What? That's good.

Eva Hamant: So in the last meeting we had two motions, right by Carolyn and seconded and so I was wondering if they got sent to Larry to get a response back.

Linda Mecham: I think I just remember one motion and it was regarding support coordination. And I wanted to wait on that because Debbie was the one that brought it up. And I wanted to make sure we got all of her issues since she wasn't in the meeting. So I did not get that one sent but I did not catch the other two motions that Carolyn did.

Eva Hamant: I thought. So that was the first one that was, and the other one was something about employees getting reimbursed rates for gas. And what?



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Linda Mecham: That was all the same one, that was Debbie in the support coordination.

Eva Hamant: okay. I just,...

Linda Mecham: because Debbie wasn't here to discuss that I wanted to wait and make sure that we were getting all of her concerns in that. I don't know if I handled it the right way, but is that okay Larry that I made an executive decision to make sure and wait. On that one.

Lawrence Allen: Sure, I think that's prudent to do that.

Linda Mecham: Okay.

Linda Mecham: Anything else for Larry?

Lawrence Allen: That completes my updates that I had for the committee. Any other questions, please let me know.

Linda Mecham: On the annual report, what I generally do because I wrote them for Karen too, was just go through the minutes and do what we have discussed each month. Is that generally? I mean I've not looked at what's in the IOC Handbook or anything like that because I just thought that it and I put the membership in there. Is there more than that that's required?

Lawrence Allen: No, not really Linda basically if you want to review your action items off your minutes and what you discussed your big items that you've discussed and...

Linda Mecham: Yeah.

Lawrence Allen: addressed and that's perfectly fine too. But this is more of a guide and maybe it will help spur your memory on some things or whatever that might pop up. Yeah. so,

Linda Mecham: That's good. I do need that. so, okay, Thank you.

Lawrence Allen: Yeah, it's just a friendly reminder. Yeah. Yeah.

Linda Mecham: I appreciate that. Okay.

Linda Mecham: Health plans, I guess, right, Michelle?

Laurie Ganzermiller (UHCCP): Hi there. This is Laurie Ganzermiller United Healthcare. *I don't have much of an update, other than to introduce Ian Wilson. I know he introduced himself at the start of the call. He is brand new to United Healthcare. He is our member advocate liaison as well as our veteran liaison. So he helps support our DDD line of business as well as our ACC line of business.* He will start to attend the IOC's.



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Laurie Ganzermiller (UHCCP): In the future on his own, but until then Dawn McReynolds and myself will accompany him to the meeting, to the various IOCs. But I just wanted to introduce him and then I can confirm all the great data that Leah had presented with the upcoming trainings and etc. The health plan was included in some of those work groups. And so, a really exciting time and a lot of great trainings that will become available. So excited to see that happen and that is all I have. Any questions.

Linda Mecham: Eva.

Eva Hamant: I was just really surprised that

Eva Hamant: That United Healthcare finally made an agreement with Phoenix children, but it turns out that the dual completes are not included in that contract. And can you tell me why they weren't included at for Phoenix Children into that contract?

Laurie Ganzermiller (UHCCP): So the contract negotiations, excuse me, were specific to the commercial so it didn't include Medicaid. And PCH has always refused to contract with any Medicare Plan. And that is something we continue to strive to educate PCH on the importance of participating with a Medicare dual special needs plan. But that is there that has been their choice.

01:50:00

Eva Hamant: Okay.

Laurie Ganzermiller (UHCCP): I know, I'm with you.

Linda Mecham: You think it's because of the age, Laurie?

Laurie Ganzermiller (UHCCP): Yet typically because some specialists are only trained in pediatrics so that would make sense. But then for those specialists and...

Linda Mecham: Yeah.

Laurie Ganzermiller (UHCCP): I don't know what specialist at PCH are trained to treat adults but yes, typically that is the reason why

Linda Mecham: Mark's neurologist was a PCH and that was fine. But then he started to get some really adult needs and it was at my suggestion that we get a neurologist who specialized more in the adult side, even though he was ready,...

Laurie Ganzermiller (UHCCP): Yeah.

Linda Mecham: I mean the doctor, he was agreeable to keep Mark but the needs were just not there...

Laurie Ganzermiller (UHCCP): Right.



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Linda Mecham: but I just wondered if it had to do with the age, I, ...

Laurie Ganzermiller (UHCCP): Yeah. Yeah, that could be part of it.

Linda Mecham: and then that whole general generalization of age whereas Yeah.

Laurie Ganzermiller (UHCCP): Mm-hmm

Linda Mecham: Anything else for Laurie? And Ian, we welcome you. We've appreciated having Laurie on, she's been great. so,

Ian Wilson: Thanks Linda. Thanks Laurie, for the introduction. I'm really excited to be here and *excited to learn about how to best serve our community here in Arizona. I'm very excited. Thanks again, Linda.*

Linda Mecham: We appreciate any updates you guys have and also your willingness to take our suggestions and answer our questions as best you can too. So thank you for that. Mercy care, right, Michelle?

+1 480-*-**17:** Hi, this is Vera from Mercy Care,...

Michelle Rademacher: Yes.

+1 480-*-**17:** no updates, unless anyone has any questions.

Linda Mecham: I don't, how are they? I think I asked you this quite some time ago but you know how United Healthcare has the health card, And mercy care does not. I just wondered if there was any progress on getting that for those members.

+1 480-*-**17:** No, I haven't received any updates or heard anything about Mercy Care, doing something similar, but I'll make note. And I'll take that back to my leadership and see if I can give you an update next month. Maybe where things stand or...

Linda Mecham: Okay.

+1 480-*-**17:** what their plan is going to be.

Linda Mecham: Okay, thank you for that. Brent, do you have anything? I know you're part of DDD, but do you have anything that you would like to add with regards to behavioral health?

Brent Seymour: *Nothing from me. Thank you Linda.*

Linda Mecham: Thank you for being here, we appreciate it. Anybody else, Patricia? Michelle

Michelle Rademacher: No. I think that covers all the regular updates,...

Linda Mecham: Okay.



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Michelle Rademacher: unless I missed somebody.

Membership Recruitment

Linda Mecham: All right, just real quick on membership recruitment. Michelle and Larry both spoke to a potential member. I gave her a call. She was going to come over this morning, but then at the last minute, she checked her calendar. She's leaving town, and she had to have a doctor's appointment this morning before going down or leaving town. But I think that if she decides to join us, she will be a great asset. She was friends with Karen. She was on Etsy. She's been involved with DDAC. We've all worked in the same circles with her at different times and she's very, very familiar. her daughter's in a medical group home. And I think that she would be a great asset to our team as far as bringing on.

Linda Mecham: I mean, from a How do I put this experience level as far as knowing and having been involved in various different committees and levels of DDD for many many years. So I think that she will be a great addition. I want to talk just a little bit about our member, Tina. Is it okay to discuss her, Michelle? I've reached out to her. It's been about a year. I've reached out to her pretty consistently for the last six months. She's not responded at all. Either text, email or phone call. And before that, we had a pretty open communication. I know she had some issues with her son and family issues. but,

01:55:00

Linda Mecham: And I got thinking about it because I discussed with Michelle of the possibility, I think, Larry too, I don't remember, I'm old. About a possible vote on her, but this morning as I was thinking about it. Until we get more than seven, it really doesn't count. But when against our quorum because we have to have four minimum anyway in our meetings, but if we get eight, she will count against our quorum. So we need to get a commitment one way or the other because it's hard to make quorum every Monday. Every IOC morning. I'm sweating bullets that we're going to have enough to make quorum. So are there any comments about this or moving forward on it?

Linda Mecham: Eva. You're on mute, okay.

Eva Hamant: So I guess, six months. I mean it'd be one thing if she reached out to you or texted you or let you know that she's still interested but on the same token if She fell into this black hole I think what we need to do is vote her off. And I think we ought to do it now before we can, I don't know you didn't mention the name of the lady that you're considering which would be interesting to know what her name is. But on the same token, I think we ought to just eliminate Tina. And send her a letter.

Linda Mecham: Okay, any other comments?

Curiosity Carolyn: This is Carolyn, I agree.

Lawrence Allen: Linda. I do have a question. This is Larry. You made a comment about. If you go over eight members, a non-voting member will never count against Quorum.



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Linda Mecham: But she's a voting member.

Lawrence Allen: She is a voting member. sorry,...

Linda Mecham: Yeah. Yeah.

Lawrence Allen: I misunderstood what you said, Okay,...

Linda Mecham: so, she would count and...

Lawrence Allen: very good. I'm sorry.

Linda Mecham: And right now we're at Five or six. Where're we at you guys? Five.

Michelle Rademacher: You're at four right now. Yes, for quorum.

Linda Mecham: Total members, right for Quorum but we have five members, right? Not counting Tina.

Michelle Rademacher: Six, I believe. Yes.

Linda Mecham: Six, including Tina.

Michelle Rademacher: Not counting Tina.

Linda Mecham: Really. We have Carolyn, Lisa, Eva, Debbie.

Michelle Rademacher: Yes.

Linda Mecham: You're right six, and Tina's seven. So if this other gal comes on, Then we would have to have five. Okay, all right, can we. Let's put that on next month's agenda as far as the official vote. I will send Tina an email. It's Tina Bittner. You guys probably maybe don't remember her but she's excellent. I will send her an email. I will send her a text. I will call again. And see if I don't get some response from her. Because if this other girl does come on, it will affect our ability to have a quorum but we are a few months. Because if she comes next month, introduces herself, decides even if she wants to join us, then we would vote her on the next month which is the way we've done it. That's what our bylaws say. And then she would be a member. So we're looking at two months minimum time for her to be on before, we need to do that, have that fifth member of quorum. Are you guys okay, with me reaching out one more time to see if she doesn't respond. Okay, all right. Thank you. Just let the recording note that I got a thumbs up from everybody. So, Okay.

Curiosity Carolyn: Okay.

Linda Mecham: Do we have a motion to go into executive session? We have a need to go into that. Thanks Ian. Appreciate you being here.



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Linda Mecham: Did you send us the links to go into executive, Michelle? I saw the phone number and I forwarded on to Lisa and Debbie.

Michelle Rademacher: So, I just sent that in chat. And I did want to let you know If there are no discussions of confidential information, you can have your discussions in the public meeting as well.

02:00:00

Linda Mecham: These are confidential, they're specific incident reports. Leah.

Leah Gibbs: I just want to be sure. You do not need me for executive session, correct.

Linda Mecham: We always need you Leah, but you may be excused and I thank you for coming and...

Leah Gibbs: Thank you. Have a good.

Linda Mecham: I'll let you know about that other committee alright, thank you. Bye.

Motion and Vote for going into Executive Session

Eva Hamant: So I make a motion that we go to executive session. Can I have the phone number in case my thing does not work right? there it is. Thank you.

Linda Mecham: If you copy paste it. Let me just okay,...

Eva Hamant: Goodness.

Linda Mecham: So if you paste that or copy it and then paste it into your Search engine, Google. We should get it right.

Michelle Rademacher: Paste it in your browser and...

Linda Mecham: yeah, thank okay,...

Michelle Rademacher: it should send you right to it.

Linda Mecham: I'm looking

Eva Hamant: Are we going to be staying in this one too? Or are we coming back or how does that work?

Michelle Rademacher: You would stay in this one as well. Just mute yourself in this one.

Linda Mecham: So If you copy that do Control-c, bold it out, do control C. And then hit your...

Eva Hamant: Yeah.



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Linda Mecham: whatever your search engine is if it's Google or whoever, Safari and then paste it in there. This should take you over to it. It'll give you the week.

Eva Hamant: Okay, I'll see. How?

Linda Mecham: All right, everybody mute now wait, we didn't vote, but vote going.

+1 520-*-**61:** This is Lisa. Can I get the number? Can you read it to me out loud?

Linda Mecham: I texted.

+1 520-*-**61:** I haven't received the text.

Linda Mecham: I texted it to you.

Linda Mecham: Did you see it? All...

+1 520-*-**61:** No, my cellular service as well.

Linda Mecham: Here's the number. You ready? 417. xxx-xxx. -4275. And the pin. Ready.

Linda Mecham: The pin is 157...

+1 520-*-**61:** Okay, I believe I got it.

Linda Mecham: Do you wanna, Lisa, gonna read it back.

+1 520-*-**61:** Four one, seven, _____ four, two, seven, five, and then pin 157XXXXX pound.

Linda Mecham: Okay, we'll see. We need a vote. Do have a motion to go into executive.

Eva Hamant: Eva made a motion, can go to an executive session.

Linda Mecham: Second.

+1 520-*-**61:** Lisa seconds.

Curiosity Carolyn: This is Carolyn. Opps, I'm sorry.

Linda Mecham: Lisa second. Okay, and vote Eva.

Eva Hamant: *Aye*

Linda Mecham: Carolyn.

Curiosity Carolyn: *Aye*



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Linda Mecham: Lisa.

[+1 520-***-**61: Aye](#)

Linda Mecham: Debbie. she's not. Did we lose Debbie? Mandy.

Mandy Harman: Aye.

Linda Mecham: All right, we're going to go into the eyes, have it? We'll be going into executive. Everybody. Please mute this session and go into Executive, Michelle

Michelle Rademacher: And Linda, who do you want in your executive session, James? I

Linda Mecham: IOC and I don't think we need Brent or Patricia this time around. so,

Michelle Rademacher: Okay.

Brent Seymour: Thank you, team. Have a great rest of your afternoon.

Linda Mecham: Thank you, Brent, for being here. Thank you. Patricia, love you.

Patricia Sandino: Bye ladies. Have a good day.

Linda Mecham: okay, you

Linda Mecham: Okay everybody. We didn't do Frederica.

Fredreaka Graham: Hi Linda. I'm just here viewing the new.

Linda Mecham: Sorry.

Fredreaka Graham: No you're good. I'm just here viewing how we're going to set up the executive session for this round. So I'm not going into your executive session but I will stay in the main meeting just because I'm utilizing it in my meetings, as well. So I'm just here viewing

Linda Mecham: Okay, I'm so sorry. It's hard to see who all's here. And I'm sorry.

Fredreaka Graham: No problem.

Linda Mecham: Did you have any updates for us?

Linda Mecham: You're still on. Okay.

Fredreaka Graham: No, I do not...



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Fredreaka Graham: But you guys have any questions for me, you can send those through Michelle because I know you guys are going into your session.

Linda Mecham: All Okay, thank you.

Fredreaka Graham: Thank you.

The Committee came out of Executive session

02:40:00

James Maio: And then you have to come on here. And this one.

Eva Hamant: I don't know where I am.

James Maio: I think you can exit out of the other meeting and then come off mute on the main meeting

Lawrence Allen: You're on mute, Linda.

Curiosity Carolyn: You're on mute, Linda in the original meeting.

James Maio: A plus for getting to the meeting D minus for getting back to the old meeting.

Curiosity Carolyn: We'll get the hang of it eventually.

Lawrence Allen: Yeah, it's tricky.

Lawrence Allen: You look good though.

Curiosity Carolyn: Linda, I think you're still muted.

James Maio: you gotta exit out of this now you

Linda Mecham: I was talking in the other meeting, I mean, what?

02:45:00

James Maio: You can just exit out of the other meeting.

Linda Mecham: That's poor Linda. She don't know how to do Technic stuff. Okay. Alright, So now we're done, right? So now we vote to go out of this meeting. Larry.

Lawrence Allen: That's correct. If you don't need to vote on anything that you discussed in executive session, then you can go ahead and close it out.

Eva Hamant: You're going to do. The updates for next month. We is that? Schedule.



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Roundtable from Members for Next Meeting Agenda

Linda Mecham: It is on the agenda.. We didn't do it yet. Any updates for next month.

Eva Hamant: Up.

Linda Mecham: Anybody want to talk about something for next month on possible agenda items.

Eva Hamant: I didn't know if anybody wanted to comment on, what was it? no. AHCCCS waiver for Health givers.

Linda Mecham: The AHCCCS waiver for what?

Eva Hamant: That. Parents as paid caregivers. And they're writing in the waiver that the parents could only provide attended care and not habilitation.

Linda Mecham: That's just for under 18, right? ...

Eva Hamant: Yeah.

Linda Mecham: That's all gonna be reviewed in November of 2023. They're going to look at it and see if they're going. Yeah.

Eva Hamant: No. No. What that waiver in place before the 11th. They went that way,...

Eva Hamant: I went to the AHCCCS meeting and they want that waiver in place before November the 11th. And so that's why they're having, Leah made that comment about the meeting. They already had one meeting right after the AHCCCS meeting and then they're having one. I think it's August the second. And then there is a website to put input for. Because AHCCCS does not want Parents of minor children. It's very specific, parents of minor children to be paid providers for attendant. But they are not going to let them be paid providers to do habilitation because AHCCCS thinks that would social isolate their minor child.

Linda Mecham: And the only reason they had that in place was because of covid. They put that

Eva Hamant: No, no, they're gonna make it permanent. They're going. The waiver that they are talking about is they want to make it permanent,...

Linda Mecham: Right.

Eva Hamant: even the present one and November the 11th, but AHCCCS was to make this writing, a new waiver to make it permanent. And they're asking for input, if you just want That to happen.

Mandy Harman: Yes.



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Eva Hamant: You want them to be attendant, or do you want them also to provide habilitation because they don't believe that social isolation

Mandy Harman: He?

Linda Mecham: Yes, all of that's correct. That was what I was trying to say. Was just that and...

Mandy Harman: but,

Linda Mecham: It needs to be done by November 2023, right?

Linda Mecham: And the only reason that we had it in place previously was because they put it in place because of covid, because the parents of the young children, under a children under 18, could not get providers to come into their home. So they used ARPA funds to allow that to happen. The thing is that there's issues with the State of Arizona because the governor is not approving things unless they are Revenue neutral. This would be revenue neutral because it's a provision where the funds already are allocated. Whether it's a home, a parent provider, or a caregiver outside the home coming in, the monies have already been allocated. That's what I was just trying to say.

Linda Mecham: You don't think so. That's what I've heard. That's what I've been told.

02:50:00

Eva Hamant: the reason why I stopping is because So we talk,

Michelle Rademacher: I just want to caution you. This topic is not on the agenda. So going into a discussion at this time period is This,...

Linda Mecham: Thank you, Michelle. Appreciate that.

Michelle Rademacher: I want to caution you.

Linda Mecham: We'll put it on the agenda and table it for next time and we'll get more detail. Thank you,...

Michelle Rademacher: Okay.

Linda Mecham: Michelle for the heads up, I appreciate that. I need that.

Michelle Rademacher: Okay.

Linda Mecham: Thank you for saying that so we'll put that on the agenda. The AHCCCS waiver for parents of paid providers, caregivers. Michelle. Eva.

Michelle Rademacher: Okay.



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Eva Hamant: Yeah, that's fine.

Linda Mecham: All right,...

Eva Hamant: If your child

Linda Mecham: Anything else on the agenda, I'll do an update on the PCSP. After I meet with whoever's in charge of that. Cindy and Barb Crawford. Anybody else?

Linda Mecham: Carolyn, how are we coming on that Med review or death. That death thing that you and Eva were doing.

Curiosity Carolyn: I need to get back into it. I will be doing that.

Linda Mecham: That's fine. No pressure. I know you've been to England. we're all busy and I get that. I just want you...

Curiosity Carolyn: Yeah. yeah.

Linda Mecham: because you brought it up a couple times to me. So Bring up I know.

Curiosity Carolyn: Yeah. I haven't forgotten about it.

Linda Mecham: Mandy, do you have anything in particular or are we good?

Mandy Harman: I'm good.

Linda Mecham: And Debbie, Lisa, do you have anything?

+1 520-*-**61:** All good.

+1 520-*-**61:** I'm not right now.

Linda Mecham: Okay,...

Linda Mecham: To wind up. I will send out the dates for PRC as well as the new category assignments. I will do that, right after we get out of this meeting. So you guys will know exactly what your categories are for the incident reports and if you don't feel like you're getting the answers, be sure to send James your questions with the IR number and we can discuss it in executive. So If there's nothing further. Right. Do I have a Motion to conclude this meeting.



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Adjournment

Motion and Vote

Eva Hamant: Eva makes a motion to. Conclude the meeting.

Linda Mecham: Thank you. Eva. Carolyn.

Curiosity Carolyn: Carolyn seconds it

Linda Mecham: thank you, Carolyn and all in favor, I

Curiosity Carolyn: I,

Linda Mecham: I let the record reflect that everyone verbally voted. We're officially out of the meeting, It is 12:56. I kept it under three hours, Michelle. Larry, thank you so much, everybody James, you guys are the best. Appreciate all your help and do you have something to say, Larry? You look like you're poised to speak.

Lawrence Allen: I was like No I'm just gonna say awesome job toggling back and forth. Great job.

Meeting ended after 02:53:54 🙌

Discussion and Review of Incident Reports and Behavioral Plans

For June IRs, the Committee members have been given a total of **675** incident reports in the Shared Drive. This included open **43** and closed **632** reports.

Type	Open	Closed
Accidental Injury	1	125
Consumer missing	2	8
Deaths	1	2
Emergency Measures	1	10
Human Rights	4	12
Legal	1	7
Medication Errors	2	32
Neglect	16	61
Other Abuse	10	32
Other-Behavior	0	240
Other -Injury unknown	0	88



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Physical Abuse	5	12
Property Damage	0	2
Suicide	0	1
TOTALS	43	632

The desired IRs will be divided by the chair and equally distributed amongst the members.

30- Questions for Quality Assurance Management: Members of the committee will send the incident reports questions to the DDD Liaison: **Michelle Rademacher** to be forwarded to Quality for responses.

Adjournment

Meeting adjourned at 12:56 PM

The next District Central IOC meeting will be held on August 28, 2023, at 10:00am in the same virtual format.